

Additional file: Table 1. Intervention goal and content

Goal

Our goal was to promote evidence-based public health practice by

- Improving physicians' knowledge of posing, focusing, searching, critically appraising and explicitly using research information,
- Increasing positive attitudes and developing a feeling of self-efficacy towards this process, and
- Simplifying the access to research information by providing entrance to five selected databases and continuous support from a team.

Timing

Because the intervention was an on-going process consisting of several components, there was no obvious connection between the timing of the components to actual decision-making; except for the 'question and answer' service and a report about rehabilitation following a government request for municipalities to write local rehabilitation plans.

Content

Workshop content. The workshop aimed to promote understanding of the whole process of evidence-based practice: posing and formulating questions, searching skills, critical appraisal and the practical application of research information in practice.

Two public health physicians (AB, PB) and two librarians (L.Forsetlund, LN) delivered the training programme. We arranged 11 courses on evidence-based public health during the intervention period, varying in length from 1-5 days in order to maximise attendance. The educational material was mainly the same, but was changed on two occasions by the second lecturer in critical appraisal (PB).

The course was based on small group problem-based activities and discussion. Some educational material was sent out two weeks before the course, and some during the course. The pre-workshop pack contained several resources including the JAMA guidelines for appraising systematic reviews and randomised controlled trials, enclosing sample articles. Non-attenders were sent the course materials.

Making a goal-setting contract. Physicians were asked to specify up to three things that they would change when returning to practice. This was intended to encourage physicians to formulate conscious goals.

Content of web-based information services (including library access). In addition to access to several databases (Cochrane Library, Medline, Best Evidence, Embase and Sociofile), the service consisted of: a question and answer service, where participants submitted questions and received references or reports based on the relevant studies found; access to course material on how to practice evidence-based public health; and links to other sources of information on evidence-based practice. The services offered on-going support to the group and were password protected. Directed at easing physical access.

Content of the discussion list. Discussion was stimulated by posing questions about the other intervention components, e.g. whether they thought the question-and answer service was useful. In addition, we announced when reports had been written and critically appraised selected articles. From time to time we reminded the participants of our on-going

support services. Thus, the discussion list was used to give general reminders and feedback as well as allowing peer discussion, which is considered to be of importance in the persuasion stage of the diffusion process.

Content of newsletters. Three newsletters reported on principles of evidence-based health care and project activities, including feedback on database use. In addition to serve as feedback on a general level the newsletter was meant to serve as a mass media channel, which is considered to be of importance in the knowledge stage.

Media

In summary, all participants received the course material, even if they had not attended the course, along with access to web pages and databases. Three newsletters and a quick reference card to the databases were distributed as general reminders at different points of time. Everyone who had an e-mail address had access to the discussion list maintained by the project team.
